



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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MEMORANDUM

TO: Acquired Brain Injury Waiver (PT 17)
Supports for Community Living Waiver (PT 33)
Model Waiver II (PT 41)
Home & Community Based Waiver (PT 42)
Adult Day Health Care Waiver (PT 43)
Hospice (PT 44)

FROM: Stephen P. Miller, Commissioner

DATE: July 20, 2017

RE: Policy Clarification for Waiver and Hospice
PT 17 – Provider Letter # A – 30
PT 33 – Provider Letter # A – 50
PT 41 – Provider Letter # A – 19
PT 42 – Provider Letter # A – 88
PT 43 – Provider Letter # A – 50
PT 44 – Provider Letter # A – 202

Waiver services provided through the 1915 (c) waivers in Kentucky are social models and are nonmedical in nature, with the exception of Model Waiver II. To assist individuals in living in the least restrictive environment within the community, the waivers offer an array of services. These services are not curative in nature and are not intended to cure or provide medical treatment for a diagnosis that a given individual may have.

Some individuals who access waivers may find themselves in the position of requiring hospice to address end of life care. Palliative services are offered to individuals who access hospice to address these needs. Hospice is governed under regulation 907 KAR 1:330 and has a service manual that is incorporated by 907 KAR 1:436. Core services offered through hospice in Kentucky, as noted in the manual, include:

- Nursing Services
- Counseling Services
- Physical Therapy, Occupational Therapy, and Speech-Language Pathology
- Home Health Aide And Homemaker Supports

- Medical Supplies
- Short Term Inpatient Care
- Medical Social Services
- Other services as outlined in the manual

The referenced manual also notes that these services must be provided in the frequency that is necessary for the individual. A detailed plan of care must be completed that addresses the individual's needs and the services that will be utilized.

The Social Security Act, Section 1812 (d)(2)(A), does not allow for services that are equivalent to (or duplicative of) hospice care, with the exception of curative care provided for pediatric clients. As services within the waiver are not curative, the definition of the service must be considered to determine if it is duplicative in nature. For example, below is a comparison of the services offered through the Michelle P. Waiver and hospice, the scope of the services, and the determination as to whether these services are considered duplicative. The same methodology would be applied in assessing the services in each waiver to determine if they are appropriate to be provided in conjunction with hospice services.

Michelle P Waiver

Waiver Service	Waiver Definition	Hospice Service	Definition	Duplicative?
Respite	Short term care based on the absence or need for relief of the primary caretaker-\$4,000 limit a year-Be used no less than every 6 months Be provided by direct care staff who provide services at a level that appropriately and safely meets the medical needs of the participant	Inpatient Respite Care	Short Term inpatient care provided in participating facility-Occasional in nature & only 5 consecutive days	Yes. The services provided are duplicative.
Homemaker	Consists of general household activities	Routine Home Care	Routine nursing service, social work, counseling services, durable medical equipment, supplies, drugs, home health aide/homemakers (personal care & homemaking) PT, OT, SLP	Yes. The services provided are duplicative.
Personal Care	Consists of assisting a participant with	Routine Home Care	Routine nursing service, social work, counseling services,	Yes. The services

	eating, bathing, dressing, personal hygiene, or other activities of daily living		durable medical equipment, supplies, drugs, home health aide/homemakers (personal care & homemaking) PT, OT, SLP	provided are duplicative.
Attendant Care	<p>Hands-on care that is not of a general housekeeping nature; Not provided to a participant who is receiving any of the following Michelle P. waiver services: Personal care; Homemaker; ADHC; Adult day training; community living supports; or supported employment</p> <p>Is medically stable but functionally dependent and requires care or supervision twenty-four (24) hours per day</p> <p>Caretaker who is employed or attending school and is not able to provide care during working hours</p>	Routine Home Care	Routine nursing service, social work, counseling services, durable medical equipment, supplies, drugs, home health aide/homemakers (personal care & homemaking) PT, OT, SLP	<p>No. Care provided should not be duplicative of services required to be provided by the hospice provider.</p> <p>In addition, the service provider must be able to meet the care needs of the individual in a manner that ensures the health, safety, and welfare of the individual.</p>
Supported Employment	Be intensive, ongoing support for a participant to maintain paid employment in an environment in which an individual without a disability is employed	No similar service in hospice	n/a	No. Care provided should not be duplicative of services required to be provided by the hospice provider.

				In addition, the service provider must be able to meet the care needs of the individual in a manner that ensures the health, safety, and welfare of the individual.
Adult Day Health Care	<p>Health-related services provided on a regularly-scheduled basis that ensure optimal functioning of a participant who does not require twenty-four (24) hour care in an institutional setting</p> <p>Be provided to a participant who is at least twenty-one (21) years of age</p> <p>Include the following basic services:</p> <p>Skilled nursing services Routine services that meet the daily personal and health care needs of a participant, including: Monitoring of vital signs;</p> <p>Assistance with activities of daily living; and</p> <p>Monitoring and supervision of self-administered</p>	Routine Home Care	Routine nursing service, social work, counseling services, durable medical equipment, supplies, drugs, home health aide/homemakers (personal care & homemaking) PT, OT, SLP	Yes. The services provided are duplicative.

	medications, therapeutic programs, and incidental supplies and equipment needed for use by a participant			
Adult Day Training	<p>Support the participant in daily, meaningful routines in the community</p> <p>Stress training in: The activities of daily living; Self-advocacy; Adaptive and social skills; and Vocational skills;</p>	Routine Home Care	Routine nursing service, social work, counseling services, durable medical equipment, supplies, drugs, home health aide/homemakers (personal care & homemaking) PT, OT, SLP	<p>No. Care provided should not be duplicative of services required to be provided by the hospice provider.</p> <p>In addition, the service provider must be able to meet the care needs of the individual in a manner that ensures the health, safety, and welfare of the individual.</p>
Community Living Supports	<p>Be supports and assistance that shall be related to chosen outcomes, not be diversional in nature, and may include: Routine household tasks and maintenance;</p> <p>Activities of daily living; personal hygiene; shopping; money management; medication management; socialization; relationship building; leisure choices; participation in</p>	Routine Home Care	Routine nursing service, social work, counseling services, durable medical equipment, supplies, drugs, home health aide/homemakers (personal care & homemaking) PT, OT, SLP	<p>No. Care provided should not be duplicative of services required to be provided by the hospice provider.</p> <p>In addition, the service provider must be able to meet the care needs of the individual in a manner that ensures the health, safety, and welfare of the individual.</p>

	community activities; therapeutic goals; or nonmedical care not requiring nurse or physician intervention			
Physical Therapy (PT)	Physical Therapy	Physical Therapy	Physical Therapy	Yes. The services provided are duplicative.
Occupational Therapy (OT)	Occupational Therapy	Occupational Therapy	Occupational Therapy	Yes. The services provided are duplicative.
Speech Therapy (SLP)	Speech Therapy	Speech Language Pathology	Speech Language Pathology	Yes. The services provided are duplicative.
Behavior Supports	<p>Be the systematic application of techniques and methods to influence or change a behavior in a desired way;</p> <p>Be provided to assist the participant to learn new behaviors that are directly related to existing challenging behaviors or functionally equivalent replacement behaviors for identified challenging behaviors</p>	No similar service in hospice	n/a	<p>No. Care provided should not be duplicative of services required to be provided by the hospice provider.</p> <p>In addition, the service provider must be able to meet the care needs of the individual in a manner that ensures the health, safety, and welfare of the individual.</p>
Home and Community Support Service (PDS)	Assistance, support, or training in activities including meal preparation, laundry, or routine	Routine Home Care	Routine nursing service, social work, counseling services, durable medical equipment, supplies, drugs, home health aide/homemakers (personal care &	No. Care provided should not be duplicative of services required to be provided by the hospice provider.

	<p>household care or maintenance;</p> <p>Activities of daily living including bathing, eating, dressing, personal hygiene, shopping, or the use of money;</p> <p>Reminding, observing, or monitoring of medications;</p> <p>Nonmedical care that does not require a nurse or physician intervention;</p> <p>Respite; or</p> <p>Socialization, relationship building, leisure choice, or participation in generic community activities</p>		homemaking) PT, OT, SLP	In addition, the service provider must be able to meet the care needs of the individual in a manner that ensures the health, safety, and welfare of the individual.
Goods and Services (PDS)	<p>Be individualized;</p> <p>Be utilized to reduce the need for personal care or to enhance independence within the home or community of the participant;</p> <p>Not include experimental goods or services; and</p> <p>Not include chemical or physical restraints</p>	Routine Home Care	Routine nursing service, social work, counseling services, durable medical equipment, supplies, drugs, home health aide/homemakers (personal care & homemaking) PT, OT, SLP	Items purchased should not be supplies used for palliative care. A good measure of this would be if the item would be provided through hospice to an individual not on waiver then it would be inappropriate for it to be provided through waivers. Example would be adult diapers and wipes. These are typically provided to individuals on

				hospice so would not be appropriate to bill through waiver.
Community Day Support (PDS)	<p>Be tailored to the participant's specific personal outcomes related to the acquisition, improvement, and retention of skills and abilities to prepare and support the participant for work or community activities, socialization, leisure, or retirement activities;</p> <p>Be based upon therapeutic goals and not be diversional in nature;</p>	No similar service in Hospice	n/a	<p>No. Care provided should not be duplicative of services required to be provided by the hospice provider.</p> <p>In addition, the service provider must be able to meet the care needs of the individual in a manner that ensures the health, safety, and welfare of the individual.</p>

While electing to participate in hospice does not make an individual ineligible for waiver placement, it may make services within the waiver inappropriate. If an individual does not access services for 60 days, by regulation, they are to be disenrolled from their waiver slot. If an individual is disenrolled, the member retains their "slot" until the end of the waiver year and can access services again by reapplying through the MWMA system as a part of the Department for Medicaid Services process.

In summation, services provided through hospice must be provided in the frequency required to meet the individual's needs and services accessed through waivers cannot be duplicative of this. Questions should be directed to the Division of Community Alternatives within the Department for Medicaid Services at 502-564-7540.